12924

IREDELL COUNTY HEALTH DEPARTMENT

40411

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Scott Haynes DATE 10-15-91 PERMIT NO. 11C2-A-18

PHONE: Business _____ Home _____

LOCATION US 64 E TL Sain Road TR Foxcreek TR Nottingham Lot 18 Foxcreek S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

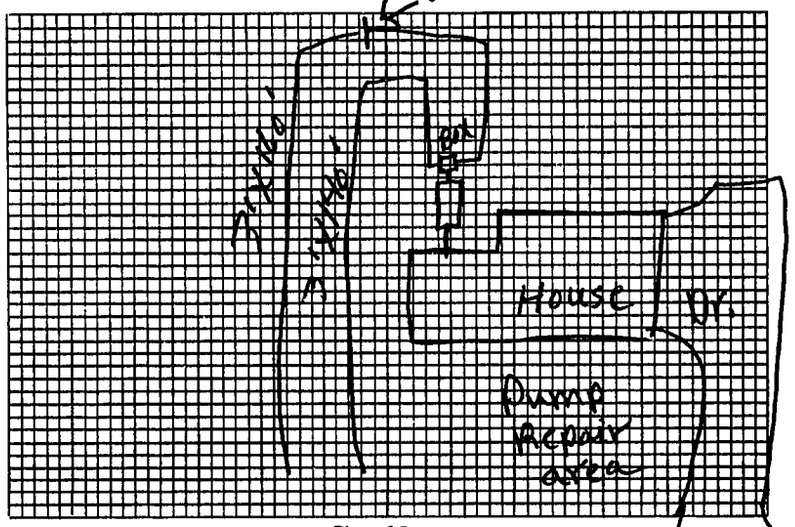
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	14	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8 to 10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 4'	
			Rock or other impervious formations	none	

Lot Area 1.01 acres

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by James Hudler

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Nottingham Steve Hedrick

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 10-15-91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold